



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MENTAL HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY. During the process of providing services to you, Flatland Center For Brain, LLC will obtain, record, and use mental health and medical information about you that is protected health information. Ordinarily that information is confidential and will not be used or disclosed, except as described below.

I. USE AND DISCLOSURE OF PROTECTED INFORMATION

A. General Uses and Disclosures Not Requiring the Client's Consent. The Center will use and disclose protected health information in the following ways

1. Treatment. Treatment refers to the provision, coordination, or management of health care [including mental health care] and related services by one or more health care providers. For example, Flatland staff involved with your care may use your information to plan your course of treatment and consult with other staff to ensure the most appropriate methods are being used to assist you.
2. Payment. Payment refers to the activities undertaken by a health care provider [including a mental health provider] to obtain or provide reimbursement for the provision of health care. For example, Flatland will use your information to develop accounts receivable information, bill you, or financial collection agencies for reimbursement of services.
3. Health Care Operations. Health Care Operations refers to activities undertaken by Flatland that are regular functions of management and administrative activities. For example, Flatland may use your health information in monitoring of service quality, staff training and evaluation, medical reviews, legal services, auditing functions, compliance programs, business planning, and accreditation, certification, licensing and credentialing activities.
4. Contacting the Client. Flatland may contact you to remind you of appointments, to tell you about or recommend possible treatment options or alternatives that may be of interest to you, and to tell you about health-related benefits or other services that might be of benefit to you.
5. Required by Law. Flatland will disclose protected health information when required by law or necessary for health care oversight. This includes, but is not limited to: (a) reporting child abuse or neglect; (b) when court ordered to release information, provided that you have been given notice and an opportunity for a hearing; (c) when there is a legal duty to warn or take action regarding imminent danger to a specific person or persons; (d) when required to report certain communicable diseases and certain injuries; and (e) when a Coroner is investigating the client's death.
6. Health Oversight Activities. Flatland may disclose protected health information to health oversight agencies for oversight activities authorized by law and necessary for the oversight of the health care system, government health care benefit programs, regulatory programs, or determining compliance with program standards.
7. Crimes on the premises or observed by Flatland personnel. Crimes that are observed by Flatland staff that are directed toward staff or occur on Flatland premises will be reported to law enforcement.
8. Business Associates. Some of the functions of Flatland are provided by contracts with business associates. For example, some administrative, clinical, quality assurance, billing, legal, auditing, and practice management services may be provided by contracting with outside entities to perform those services. In those situations, protected health information will be provided to those contractors as is needed to perform their contracted tasks. Business associates are required to enter into an agreement maintaining the privacy of the protected health information released to them.
9. Research. Flatland may use or disclose protected health information for research purposes if the relevant limitations of the Federal HIPAA Privacy Regulation and applicable state law are followed.
10. Involuntary Clients. Information regarding clients who are being treated involuntarily, pursuant to law, will be shared with other treatment providers, legal entities, third party payers and others, as necessary to provide the care and management coordination needed.
11. Family Members. Except for certain minors, incompetent clients, or involuntary clients, protected health information cannot be provided to family members without the client's consent. In situations where family members are present during a discussion with the client, and it can be reasonably inferred from the circumstances that the client does not object, information may be disclosed in the course of that discussion. However, if the client objects, protected health information will not be disclosed.
12. Confidentiality of Alcohol and Drug Abuse Patient Records. The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:
 - The patient consents in writing;
 - The disclosure is allowed by a court order; or
 - The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

(See 42 U.S.C. 290dd 3 and 42 U.S.C. 290ee 3 for Federal laws and 42 C.F.R. Part 2 for Federal regulations.) [42 C.F.R. § 2.22]

B. Client Authorization or Release of Information. Other uses and disclosures of protected health information not covered by this Notice or the laws that apply to us will be made only with your written permission, including (i) most uses and disclosures of psychotherapy notes; (ii) most uses and disclosures of your protected health information for marketing purposes; and (iii) disclosures that constitute the sale of your protected health information. If you provide us permission to use or disclose information about you, you may revoke that permission, in writing, at any time. If you revoke your permission, we will no longer use or disclose your protected health information for the reasons covered by your written authorization. You understand that we are unable to take back any disclosures we have already made with your permission, and that we are required to retain our records of the care that we provided to you.

II. YOUR RIGHTS AS A CLIENT

A. Access to Protected Health Information. You have the right to inspect and obtain a copy of the protected health information Flatland has regarding you, in the designated record set. There are some limitations to this right, which will be provided to you at the time of your request, if any such limitation applies. To make a request, ask Flatland staff for the appropriate request form.

B. Amendment of Your Record. You have the right to request that Flatland amend your protected health information. Flatland is not required to amend the record if it is determined that the record is accurate and complete. There are other exceptions, which will be provided to you at the time of your request, if relevant, along with the appeal process available to you. To make a request, ask Flatland staff for the appropriate request form.

C. Accounting of Disclosures. You have the right to receive an accounting of certain disclosures Flatland has made regarding your protected health information in the six (6) years immediately preceding your request. However, that accounting does not include disclosures that were made for the purpose of treatment, payment, or health care operations. In addition, the accounting does not include disclosures made to you or disclosures made pursuant to a signed Authorization. There are other exceptions that will be provided to you, should you request an accounting. To make a request, ask Flatland staff for the appropriate request form.

D. Additional Restrictions. You have the right to request a restriction or limitation on the protected health information we use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the protected health information we disclose about you to someone who is involved in your care or the payment for your care, like a

family member or friend. We are not required to agree to your request, unless your request is that we not disclose information to a health plan for payment or health care operations activities when you have paid for the services that are the subject of the information out-of-pocket in full. If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To make a request, ask Flatland staff for the appropriate request form.

E. Alternative Means of Receiving Confidential Communications. You have the right to request that you receive

communications of protected health information from Flatland by alternative means or at alternative locations. For example, if you do not want Flatland to mail bills or other materials to your home, you can request that this information be sent to another address. There are limitations to the granting of such requests, which will be provided to you at the time of the request process. To make a request, ask Flatland staff for the appropriate request form.

F. Copy of this Notice. You have a right to obtain a paper copy of this Notice upon request at any time, even if you have agreed to receive this Notice electronically.

III. ADDITIONAL INFORMATION

A. Privacy Laws. Flatland is required by State and Federal law to maintain the privacy of protected health information. In addition, Flatland is required by law to provide clients with notice of its legal duties and privacy practices with respect to protected health information. That is the purpose of this Notice.

B. Terms of the Notice and Changes to the Notice. Flatland is required to abide by the terms of this Notice, or any amended Notice that may follow. Flatland reserves the right to change the terms of its Notice and to make the new Notice provisions effective for all protected health information that it maintains. When the Notice is revised, the revised Notice will be posted in Flatland service delivery sites and will be available upon request.

C. Breach Notification. Flatland is required to notify you following a breach of your protected health information that has not been secured in a certain manner.

D. Complaints Regarding Privacy Rights. If you believe Flatland has violated your privacy rights, you have the right to complain to Flatland management. To file your complaint, call the Mental Health Partners Privacy Officer at (970) 466-1256. You also have the right to complain to the Office for Civil Rights, U.S. Department of Health & Human Services, 999 18th Street, Suite 417, Denver, CO 80202, (303) 844-2024; (303) 844-3439 (TDD), (303) 844-2025 FAX. It is the policy of Flatland that there will be no retaliation for your filing of such complaints.

E. Effective Date. This Notice is effective March 1, 2022.